

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	2 13 1
FORMALITY REVIEW	TH	953	05-23-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	N	N	
11	N	N	
12	N	N	
13	N	N	
14	N	N	
15	N	N	
16	N	N	
17	N	N	
18	N	N	
19	N	N	
20	N	N	
21	N	N	
22	N	N	
23	N	N	
24	N	N	
25	N	N	
26	N	N	
27	N	N	
28	N	N	
29	N	N	
30	N	N	
31	✓	✓	
32	N	N	
33	N	N	
34	N	N	
35	N	N	
36	N	N	
37	N	N	
38	N	N	
39	✓	✓	
40	✓	✓	
41	✓	✓	
42	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

H.S.
5-30-01